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PTO/SB/21 (08-03)

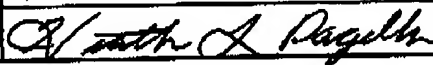
Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/053,344
	Filing Date	01/17/2002
	First Named Inventor	Rajendra K. Shenoy
	Art Unit	2859
	Examiner Name	Shrivastav, Brij B.
	Attorney Docket Number	FONPT03CIP
Total Number of Pages in This Submission		6

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication Certificate of Correction
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	IP Strategies Thomas M. Champagne	
Signature		
Date	03/13/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Heather L. Pagella	
Signature		Date 03/13/2006

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MAR 13 2006

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

**Complete if Known**

Application Number	10/053,344
Filing Date	01/17/2002
First Named Inventor	Rajendra K. Shenoy
Examiner Name	Shrivastav, Brij B.
Art Unit	2859
Attorney Docket No.	FONPT03CIP

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 501998 Deposit Account Name: IP Strategies

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20.			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
47	- 100 = 0	/ 50 =	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction

100

**SUBMITTED BY**

Signature

Registration No. 36,478  
(Attorney/Agent)

Telephone 828-253-8600

Name (Print/Type) Thomas M. Champagne

Date 03/13/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 13 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0661-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

**Complete if Known**

Application Number	10/053,344
Filing Date	01/17/2002
First Named Inventor	Rajendra K. Shenoy
Examiner Name	Shrivastav, Brij B.
Art Unit	2859
Attorney Docket No.	FONPT03CIP

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 501998 Deposit Account Name: IP Strategies

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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47 - 100 = 0 / 50 = 0 (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction

100

**SUBMITTED BY**

Signature

Registration No. 36,478  
(Attorney/Agent)

Telephone 628-253-8800

Date 03/13/2006

Name (Print/Type) Thomas M. Champagne

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No.	Issue Date	First Named Inventor	Atty. Docket No.	Confirmation No.
6,847,209 B2	01/25/2005	Rajendra K. Shenoy	FONPT03CIP	9836.
Invention			Examiner	Art Unit
Application Of Driven Equilibrium Fast Spin Echo Technique In Stand-Up MRI System			Shrivastav, Brij B.	2859

**Certificate of Correction  
Communication**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The Certificate of Correction submitted herewith is intended to replace the Certificate of Correction that was issued on May 31, 2005 in the above-referenced patent. The reason for this submission is that there were three corrections listed in the issued Certificate of Correction that were found to be incorrect. Namely:

Column 15.

Lines 7 and 10, change "RE" to --RF--.

should read

Lines 5 and 7, change "RE" to --RF--.

Column 18.

Line 21, change "where" to --wherein--.

should read

Line 27, change "where" to --wherein--.

Column 21.

Line 2, change "slice" to --slices--.

should read

Patent No.6,847,209 B2  
Certificate of Correction

Page 2 of 2

Line 3, change "slice" to --slices--.

These changes are reflected in the submitted Certificate of Correction.

Respectfully submitted,



March 13, 2006

Date

Thomas M. Champagne  
Registration No. 36,478  
IP STRATEGIES  
12 1/2 Wall Street  
Suite I  
Asheville, North Carolina 28801  
828.253.8600  
828.253.8620 fax

PTO/SB/44 (04-05)

Approved for use through 04/30/2007. OMB 0661-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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(Also Form PTO-1050)

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 6,847,209 B2

APPLICATION NO.: 10/053,344

ISSUE DATE : January 25, 2005

INVENTOR(S) : Rajendra K. Shenoy and Jevan Damadian

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 13,  
Line 47, change "I-spine" to --1-spine--.

Column 14,  
Line 66, change "visual imaging" to --visual image corresponding--.

Column 15,  
Lines 5 and 7, change "RE" to --RF--.  
Line 21, change "tho" to --the--.  
Line 32, change "claim 1" to --claim 7--.

Column 16,  
Line 3, delete "and".  
Line 4, change "quality;" to --quality; and--.

Column 17,  
Lines 19 and 21, change "RE" to --RF--.

Column 18,  
Line 27, change "where" to --wherein--.

Column 21,  
Line 3, change "slice" to --slices--.

**MAILING ADDRESS OF SENDER (Please do not use customer number below):**

12 1/2 Wall Street  
Suite 1  
Asheville, NC 28801

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